AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student's Last Name	First Name	Middle Initial	Date of Birth	Date of Birth: month/day/year	
Name of School	School's Fax Number	Teacher's Name & F	Room Number	Grade	
medication authorization who has the authority to prenecessary to comply with the authorization change, a new	a Education Code section 4942 nich must be must be complete escribe medication in the state e law and to insure adequate p form must be completed and to	ed by a California licensed of California. The informatorotection for students. If signed by the parent and	physician or othe ation requested or any of the conditi health care provid	er healthcare provider in this form is ons on this der. This form valid	
PARENT SECTION					
I, the undersigned as legal p (birth to administer the following I California law as referenced matters related to this medi	parent/guardian of date) authorize the school nur isted medication(s) to my child below. I also authorize, as need cation, between the school nur listed on the back of this form	d as prescribed on this aut eded, the sharing of inforr rse (or designee) and the	esignated by the shorization and in mation related to health care provide	accordance with my child's health on der listed below. I will	
Date: month/day/year Parent/Guardian Signature			Daytime Phone Number		
PROVIDER SECTION: To be o	completed by an authorized he	ealth care provider			
Diagnosis/Condition					
I hereby instruct a designate	d school staff member to assis	t the above student in tak	king:		
Medication Dos	e Method of Admini	stration Time to be	given Freq	uency	
	(date)				
Other medications taken by	this student:				
Health Care Provider's Name	e (printed)	Signature_			
MD/DO/DDS/PA/NP CA	License #				
Supervising Physician's Nam	e/address/Phone # (if applies)				
Reviewed by (Name of Sch				ate	

The procedure covering prescription and non-prescription medication will be executed under the following conditions:

- 1. Only medications prescribed by the student's health care provider listed on this form may be brought to school. Written parent permission is also required.
- 2. The medication shall be taken directly by the student in accordance with instructions from the provider as listed on this authorization.
- 3. Medication brought to school will be given to the student according to the provisions listed on this form. The prescription or manufacturer's container must be clearly labeled with:
 - The name of the student
 - The name of the prescribing provider
 - The pharmacy who dispensed the medication or the manufacturer
 - The strength of the medications and the amount to be given (dose)
 - The method of administration (oral, inhaled, topical, etc.)
 - The specific time and/or specific situations in which the medication is given
 - Parents may want to ask the pharmacist for "school packaging" a separate container labeled just for the school time dose
- 4. Parents/guardians must provide all materials or necessary equipment for medication administration.
- 5. An adult must bring the medication to the school and pick up any outdated or unused medication.
- 6. All medications will be kept in a secure place. Any special instructions for storage or security measures must be written by the provider and given to school personnel. Students carrying and administering their own medications must have prescriber and parent/guardian written authorization.
- 7. A new medication authorization form must be completed for any change in does, time, or method. It will be valid for the current school year or until a discontinuing date listed by the prescribing individual.

References: California Education Code Section: 49423 Medication at School; 49480 Continuing Medication. Business and Professions Code: 2725 Verbal Orders; Definition of a Physician; Definition of a lawful prescription; 4051 Restrictions on furnishing medications without prescription.